



HONORARY MEMBERSHIP APPLICATION

I hereby make application to become an HONORARY MEMBER of Southwestern Hamilton County Fraternal Order of Police Lodge #113 in the State of Ohio.

I affirm that I am the individual presenting the application to S.W Hamilton County F.O.P Lodge #113 Inc.

Name: _____ D.O.B _____

Address: _____ City: _____ Zip Code _____

Home Telephone: _____ Work# _____ Cell # _____

E-Mail address _____ SSN # _____

Married _____ Divorced _____ Separated _____ Widowed _____

You need to get a criminal record check at Hamilton County Sherriff Office at your own expense and submitted with the application.

Are you a Civilian affiliated with a Police Department? YES NO

If yes, your agency? _____ Telephone _____

I agree that my membership can be subject to Termination at any time for Criminal Misconduct or the Misrepresentation of F.O.P Lodge #113 or move out of the State of Ohio Initial _____.

I agree to return my Membership Card back to the Lodge if Dismissed. Initial _____

I agree that as an Honorary Member I have NO VOTING RIGHTS in the Lodge. Initial _____

Name of (3) referring members who are active and in good standing with F.O.P LODGE #113.

1) _____ 2) _____ 3) _____

You agree to keep the Lodge Secretary current with any changes about your address and any contact with any Police Agency. Initial _____

Date Applied _____ Date Accepted _____ Date Sworn into the Lodge _____

Sworn in By _____

Mail to:

Fraternal Order of Police Lodge 113 Ohio

P.O. Box 531337

Cincinnati, OH 45253